MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	i					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18	i					
19		1				
20		2				
21		2				
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	36					
TOTAL CLAIMS	38					

		IND	DEP	IND	DEP	IND	DEP
	51						
	52						
	53						
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	60						
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	96						
	97						
	98						
	99						
	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						

17
2
/34